



AIG LIFE INSURANCE COMPANY
600 KING STREET
WILMINGTON, DELAWARE 19801
(302) 594-2000
(Herein called the Company)

Policyholder: The County of Los Angeles and all
Special Districts under the governance
of the County's Board of Su

Policy Number: SRG 8056553

RECEIVED
AUG 14 2002

BLANKET ACCIDENT INSURANCE

Policy Amendment No. 3

This Policy Amendment is attached to and made part of the Policy effective 07/01/2002 at 12:01 AM, Standard Time at the address of the Policyholder. Any changes in coverage apply only with respect to accidents that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Amendment.

1. It is hereby agreed and understood that the policy is renewed for the period commencing July 1, 2002 and ending July 1, 2003:

Renewal Premium Due: \$13,750.00

In all other regards, this policy shall remain the same.

This Policy Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Policy Amendment.

President

Secretary



AIG LIFE INSURANCE COMPANY
ONE ALICO PLAZA
WILMINGTON, DELAWARE 19801
(302) 594-2000
(Herein called the Company)

**MASTER APPLICATION FOR
BLANKET ACCIDENT INSURANCE POLICY**

Application is hereby made for a plan of accident insurance based on the following statements and representations:

1. Identification of Policyholder:

Name of Policyholder: The County of Los Angeles and all Special Districts
under the governance of the County's Board of Supervisors

Address of Policyholder: Chief Administrative Office, Risk Management Operations
500 W. Temple Street, Room 754
Los Angeles, California 90012

Policy Number: SRG 805 6553

2. Classification of Eligible Persons:

Class	Description of Class
I	Any person who is a Volunteer with any County Department, Special District, Superior Court, Municipal Court or appointed by the Los Angeles County Board of Supervisors to any committee or commission of the County of Los Angeles.
II	All active members of the County of Los Angeles's Rescue Youth Program.
III	All active volunteers of the Department of Community and Senior Citizens Services of the Policyholder.

3. Policy Coverage:

A. Covered Activities:

While participating in sponsored, scheduled and supervised Volunteer Work activities sponsored by the Policyholder while on the Policyholder's premises or premises designated by the Policyholder and under the direct supervision of the Policyholder; or traveling with a group such activities in connection with such activities under the direct supervision of the Policyholder. Coverage is mandatory for all participants.

B. Benefit Schedule: Class I, II, III

Accidental Death Benefit X Provided Not Provided
Maximum Amount for Covered Activity: \$5,000

Accidental Dismemberment Benefit X Provided Not Provided
Maximum Amount for Covered Activity(ies): \$5,000

Accident Medical Expense Benefit (Excess)
Maximum Amount for Covered Activity(ies): \$10,000
Dental Maximum for Covered Activity(ies): \$500

Catastrophe Cash Benefit
Maximum Amount for Covered Activity(ies): \$5,000

Emergency Evacuation with Family Travel Benefit
Maximum Amount for Covered Activity(ies): \$100,000

Repatriation of Remains Benefit
Maximum Amount for Covered Activity(ies): \$10,000

Seat Belt Benefit
Seat Belt Maximum Amount for Covered Activity(ies): \$1,000

The Maximum Amounts are used to determine amounts payable under each Benefit. Actual amounts payable will not exceed the maximums, and may be less than the maximums under circumstances specified in the Policy.

Aggregate Limit: \$250,000

C. Policy Riders and/or Endorsements:

The following Riders and/or Endorsements are attached to and made part of the Participating Organization's coverage under the Policy as of the Policy Effective Date. Each Rider and/or Endorsement is subject to all provisions, limitations and exclusions of the Policy that are not specifically modified by the Rider and/or Endorse

CLASS(ES): I, II, III

FORM NO.	DESCRIPTION
C11699	Accident Medical Expense Benefit
C11700	Catastrophe Cash Benefit
C11702	Emergency Evacuation With Family Travel Benefit
C11714	Repatriation of Remains
C11715	Seatbelt Benefit

4. **Premiums:**

It is hereby agreed and understood that the premium amounts, and the manner in which premiums are due and payable, are as follows:

\$15,250.00 Per year

\$15,250.00 July 1, 1999 to July 1, 2000

\$15,250.00 July 1, 2000 to July 1, 2001

\$15,250.00 July 1, 2001 to July 1, 2002

5. **Policy Effective Date:** JULY 1, 1999

6. **Policy Termination Date:** JULY 1, 2002

Signed for the Policyholder

Title

Date

Signed by Licensed Resident Agent
(Where Required by Law)

**AIG LIFE INSURANCE COMPANY**

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Policy Number: SRG 805 6553

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II	All active members of the County of Los Angeles's Rescue Youth Program.
III	All active members of the Department of Community and Senior Citizens Services of the Policyholder. <i>volunteers</i>

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(Where Required by Law)



AIG LIFE INSURANCE COMPANY

Policyholder: County of Los Angeles and all
Special Districts under the governance of the
County's Board of Supervisors.
Policy Number: SRG 805 6553

ONE ALICO PLAZA
WILMINGTON, DELAWARE 19801
(302) 594-2000
(Herein called the Company)

BLANKET ACCIDENT INSURANCE POLICY

This Policy is a legal contract between the Policyholder and the Company. The Company agrees to insure eligible persons of the Policyholder against loss covered by this Policy subject to its provisions, limitations and exclusions. The persons eligible to be Insureds are all persons described in the Classification of Eligible Persons section of the Master Application. This Policy provides accident insurance to Insureds while they are participating in Covered Activities.

This Policy is issued in consideration of the payment of the required premium when due and the statements set forth in the signed Master Application, which is attached to and made part of this Policy.

This Policy begins on the Policy Effective Date shown in the Master Application and continues in effect until the Policy Termination Date as long as premiums are paid when due, unless otherwise terminated as further provided in this Policy. If this Policy is terminated, insurance ends on the date to which premiums have been paid, subject to the Grace Period provision. After the Policy Termination Date, this Policy may be renewed for additional periods of time by mutual written consent of the Company and the Policyholder at the premium rates set by the Company for the renewal period.

This Policy is governed by the laws of the state in which it is delivered.

The President and Secretary of AIG Life Insurance Company witness this Policy:

President

Secretary

PLEASE READ THIS POLICY CAREFULLY.

Non-Participating Policy

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DEFINITIONS

Any capitalized terms in the Policy, Master Application, and any riders, amendments, or other attached papers are to be given the meanings as ascribed in this section or as later defined.

Benefit Schedule - means the Benefit Schedule section of the Master Application.

Covered Activity (ies) - means those activities set out in the Covered Activities section of the Master Application, with respect to which Insureds are provided accident insurance under this Policy.

Injury - means bodily injury caused by an accident that: (1) occurs while this Policy is in force as to the person whose injury is the basis of claim; (2) occurs while such person is participating in a Covered Activity; and (3) results directly and independently of all other causes in a covered loss.

Insured - means a person: (1) who is a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; (2) for whom premium has been paid; and (3) while covered under this Policy.

Immediate Family Member - means a person who is related to the Insured in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild).

Physician - means a licensed practitioner of the healing arts acting within the scope of his or her license who is not: 1) the Insured; 2) an Immediate Family Member; or 3) retained by the Policyholder.

POLICY EFFECTIVE AND TERMINATION DATES

Effective Date. This Policy begins on the Policy Effective Date shown in the Master Application at 12:01 AM Standard Time at the address of the Policyholder where this Policy is delivered.

Termination Date. The Company may terminate this Policy at any time by written notice delivered to the Policyholder, or mailed to its last address as shown on the records of the Company, stating when, not less than 31 days thereafter, such termination shall be effective. The Policyholder may terminate this Policy at any time by written notice delivered or mailed to the Company, effective upon receipt or upon such later date as may be specified in the notice. This Policy terminates automatically on the earlier of: (1) the Policy Termination Date shown in the Master Application; or (2) the premium due date if premiums are not paid when due, subject to the Grace Period provision. In the event of such termination by either the Company or the Policyholder, the Company shall promptly return on a prorata basis the unearned premium paid, if any, and the Policyholder shall promptly pay on a prorata basis the earned premium which has not been paid. Termination takes effect at 12:01 AM Standard Time at the Policyholder's address on the date of termination.

Such termination shall be without prejudice to any claim originating prior to the effective date of such termination.

INSURED'S EFFECTIVE AND TERMINATION DATES

Effective Date. An Insured's coverage under this Policy begins on the latest of: (1) the Policy Effective Date; (2) the date for which the first premium for the Insured's coverage is paid; or (3) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application.

A change in an Insured's coverage under this Policy due to a change in his or her eligible class or Covered Activity becomes effective on the later of: (1) when the change in his or her eligible class or Covered Activity occurs; or (2) if the change requires a change in premium, the date the first changed premium is paid. However, a change in coverage applies only with respect to accidents that occur once the change becomes effective.

Termination Date. An Insured's coverage under this Policy ends on the earliest of: (1) the date this Policy is terminated (unless the Company and the Policyholder agree, in writing, to permit coverage to continue to the end of the period for which premiums have been paid in lieu of a return of unearned premiums); (2) the end of the period for which premiums have been paid, or (3) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application.

Termination of coverage will not affect a claim for a covered loss that occurred while the Insured's coverage was in force under this Policy.

PREMIUM

Premiums. Premiums are payable to the Company at the rates and in the manner described in the Premiums section of the Master Application. The Company may change the required premiums due on any Policy anniversary date, as measured annually from the Policy Effective Date, by giving the Policyholder at least 31 days advance written notice. The Company may change the required premiums as a condition of any renewal of this Policy. The Company may also change the required premiums at any time when any change affecting rates is made in this Policy. (Any such change in this Policy will not take effect until any required additional premium is received by the Company, except as otherwise agreed to in writing by the Company and the Policyholder.)

Grace Period. A Grace Period of 31 days will be provided for the payment of any premium due after the first. This Policy will terminate on the last day of the Grace Period if the Policyholder fails to pay all premiums due by the last day of the Grace Period.

If the Company expressly agrees to accept late payment of a premium without terminating this Policy, the Company does so in accordance with the Noncompliance with Policy Requirements provision of the General Provisions section. In such case, the Policyholder will be liable to the Company for any unpaid premiums for the time this Policy is in force.

BENEFITS

Maximum Amount. As applicable to each Benefit provided by this Policy for each Insured, Maximum Amount means the amount shown as the maximum amount for that Benefit for the Insured's eligible class in the Benefit Schedule, subject to the Reduction Schedule shown below.

Accidental Death Benefit. If Injury to the Insured results in death within 365 days of the date of the accident that caused the Injury, the Company will pay 100% of the Maximum Amount.

Accidental Dismemberment Benefit. If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in any one of the Losses specified below, the Company will pay the percentage of the Maximum Amount shown below for that Loss:

For Loss of	Percentage of Maximum Amount
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and the Sight of One Eye	100%
One Foot and the Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
One Hand or One Foot	50%
The Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

"Loss" of a hand or foot means complete severance through or above the wrist or ankle joint. "Loss" of sight of an eye means total and irrecoverable loss of the entire sight in that eye. "Loss" of hearing in an ear means total and irrecoverable loss of the entire ability to hear in that ear. "Loss" of speech means total and irrecoverable loss of the entire ability to speak. "Loss" of thumb and index finger means complete severance through or above the metacarpophalangeal joint of both digits.

If more than one Loss is sustained by an Insured as a result of the same accident, only one amount, the largest, will be paid.

Exposure and Disappearance. If by reason of an accident occurring while an Insured's coverage is in force under this Policy, the Insured is unavoidably exposed to the elements and as a result of such exposure suffers a loss for which a benefit is otherwise payable under this Policy, the loss will be covered under the terms of this Policy.

If the body of an Insured has not been found within one year of the disappearance, forced landing, stranding, sinking or wrecking of a conveyance in which the person was an occupant while covered under this Policy, then it will be deemed, subject to all other terms and provisions of this Policy, that the Insured has suffered accidental death within the meaning of this Policy.

LIMITATIONS

Limitation on Multiple Benefits. If an Insured suffers one or more losses from the same accident for which amounts are payable under more than one of the following Benefits provided by this Policy, the maximum amount payable under all of the Benefits combined will not exceed the amount payable for one of those losses, the largest: Accidental Death Benefit or Accidental Dismemberment Benefit.

Limitation on Multiple Covered Activities. If an Insured Person's injury is caused by an accident that occurs while the Insured is participating in more than one Covered Activity applicable to that Insured, and if the same Benefit applies to that Insured with respect to more than one such Covered Activity, then for Policy purposes the Maximum Amount for that Benefit for that Insured for that accident will be determined as though the accident occurred while the Insured was participating in only one such Covered Activity, the one with the largest Maximum Amount for that Benefit for that person.

EXCLUSIONS

This Policy does not cover any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. suicide or any attempt at suicide or intentionally self-inflicted injury or any attempt at intentionally self-inflicted injury.
2. sickness, disease or infections of any kind; except bacterial infections due to an accidental cut or wound, botulism or ptomaine poisoning.
3. the Insured's commission of or attempt to commit a felony.
4. declared or undeclared war, or any act of declared or undeclared war.
5. full-time active duty in the armed forces of any country or international authority, except the National Guard or organized reserve corps duty (unearned premium will be returned if the Insured enters military service).
6. travel or flight in or on (including getting in or out of, or on or off of) any vehicle used for aerial navigation, if the Insured is:
 - a. riding as a passenger in any aircraft not licensed for the transportation of passengers for hire.
 - b. performing, learning to perform or instructing others to perform as a pilot or crew member of any aircraft.
7. the Insured being under the influence of any narcotics or intoxicants, unless administered on the advice of a Physician.

CLAIMS PROVISIONS

Notice of Claim. Written notice of claim must be given to the Company within 30 days after the occurrence or commencement of an Insured's loss, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Company at American International Companies®, Accident and Health Claims Division, P. O. Box 15701, Wilmington, DE 19850-5701, with information sufficient to identify the Insured, is deemed notice to the Company.

Claim Forms. The Company will send such claim forms as are usually sent by it for filing proof of loss to the claimant upon receipt of a written notice of claim. If such forms are not sent within 15 days after the giving of notice, the claimant will be deemed to have met the proof of loss requirements upon submitting, within the time fixed in this Policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. The notice should include the Insured's name, the Policyholder's name and the Policy number.

Proof of Loss. Written proof of loss must be furnished to the Company, in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss, within 90 days after the termination of the period for which the Company is liable, and in case of claim for any other loss, within 90 days after the date of such loss. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity of the claimant, later than one year from the time proof is otherwise required.

Time of Payment of Claims. Benefits payable under this Policy for any loss other than loss for which this Policy provides any periodic payment will be paid as they accrue immediately upon the Company's receipt of due written proof of such loss. Subject to the Company's receipt of due written proof of loss, all accrued benefits for loss for which this Policy provides periodic payment will be paid at the expiration of each month during the continuance of the period for which the Company is liable and any balance remaining unpaid upon termination of liability will be paid immediately upon receipt of such proof.

Payment of Claims. Upon receipt of due written proof of death, payment for loss of life of an Insured will be made, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

Upon receipt of due written proof of loss, payments for all losses, except loss of life, will be made to (or on behalf of, if applicable) the Insured suffering the loss. If an Insured dies before all payments due have been made, the amount still payable will be paid, in equal shares, to the survivors in the first surviving class of those that follow: the Insured's (1) spouse; (2) children; (3) parents; or (4) brothers and sisters. If no class has a survivor, the beneficiary is the Insured's estate.

If any payee is a minor or is not competent to give a valid release for the payment, the payment will be made to the legal guardian of the payee's property. If the payee has no legal guardian for his or her property, a payment not exceeding \$1,000 may be made, at the Company's option, to any relative by blood or connection by marriage of the payee, who, in the Company's opinion, has assumed the custody and support of the minor or responsibility for the incompetent person's affairs.

Any payment the Company makes in good faith fully discharges the Company's liability to the extent of the payment made.

GENERAL PROVISIONS

Entire Contract; Changes. This Policy, the Master Application, and any attached Riders, Endorsements and Amendments constitute the entire contract between the parties, and any statement made by the Policyholder or by any Insured shall, in the absence of fraud, be deemed a representation and not a warranty. No such statement shall be used in defense to a claim hereunder unless it is contained in a written application.

No change in this Policy shall be valid unless approved by an executive officer of the Company and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

Time Limit on Certain Defenses. After three years from the date of issue of this Policy, no misstatement of the Policyholder, except a fraudulent misstatement, made in its application shall be used to void the Policy. After three years from the effective date of the coverage with respect to which any claim is made, no misstatement of any Insured eligible for coverage under the Policy, except a fraudulent misstatement, made in an application under the Policy shall be used to deny a claim for loss incurred commencing after expiration of such three years.

Physical Examination and Autopsy. The Company at its own expense has the right and opportunity to examine the person of any individual whose loss is the basis of claim under this Policy when and as often as it may reasonably require during the pendency of the claim and to make an autopsy in case of death where it is not forbidden by law.

Legal Actions. No action at law or in equity may be brought to recover on this Policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action may be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.

Misstatement of Age. If premiums for the Insured are based on age and the Insured has misstated his or her age, there will be a fair adjustment of premiums based on his or her true age. If the benefits for which the Insured is insured are based on age and the Insured has misstated his or her age, there will be an adjustment of said benefit based on his or her true age. The Company may require satisfactory proof of age before paying any claim.

Conformity With State Statutes. Any provision of this Policy which, on its effective date, is in conflict with the statutes of the state in which this Policy is delivered is hereby amended to conform to the minimum requirements of those statutes.

Noncompliance with Policy Requirements. Any express waiver by the Company of any requirements of this Policy will not constitute a continuing waiver of such requirements. Any failure by the Company to insist upon compliance with any Policy provision will not operate as a waiver or amendment of that provision.

Workers' Compensation. This Policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.

Clerical Error. Clerical error, whether by the Policyholder or the Company, will not void the insurance of any Insured if that insurance would otherwise have been in effect nor extend the insurance of any Insured if that insurance would otherwise have ended or been reduced as provided in this Policy.

Records. The Company has the right to inspect at any reasonable time, any records of the Policyholder that may have a bearing on this insurance.

Assignment. This Policy is non-assignable. An Insured may not assign any of his or her rights, privileges or benefits under this Policy.

New Entrants. This Policy will allow from time to time, that new eligible Insureds of the Policyholder be added to the class(es) of Insureds originally insured under this Policy.



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Policy Number: SRG 805 6553

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WILMINGTON, DELAWARE 19801
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ACCIDENT MEDICAL EXPENSE BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application.. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Accident Medical Expense Benefit. If an Insured suffers an Injury that, within 90 days of the date of the accident that caused the Injury, requires him or her to be treated by a Physician, the Company will pay the Usual and Customary Charges incurred for Medically Necessary Covered Accident Medical Services received due to that Injury, up to the Maximum Amount per Insured for all Injuries caused by the same accident. This benefit is payable only for such charges incurred after the Deductible has been met and within 52 weeks after the date of the accident causing that Injury.

Covered Accident Medical Service(s) - as used in this Rider, means any of the following services:

1. Hospital semi-private room and board (or room and board in an intensive care unit); Hospital ancillary services (including, but not limited to, use of the operating room or emergency room); or use of an Ambulatory Medical Center;
2. services of a Physician or a registered nurse (R.N.);
3. ambulance service to or from a Hospital;
4. laboratory tests;
5. radiological procedures;
6. anesthetics and the administration of anesthetics;
7. blood, blood products and artificial blood products, and the transfusion thereof;
8. physical therapy and occupational therapy;
9. rental of Durable Medical Equipment;
10. artificial limbs, artificial eyes or other prosthetic appliances; or
11. medicines or drugs administered by a Physician or that can be obtained only with a Physician's written prescription.

Ambulatory Medical Center - as used in this Rider, means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.

Deductible - as used in this Rider, means the amount of Usual and Customary Charges for Medically Necessary Covered Accident Medical Services that must be incurred by the Insured in a Policy Term due to Injuries resulting from an accident before Accident Medical Expense benefits become payable during that Policy Term due to Injuries resulting from that accident. The amount of the Deductible is the Deductible Amount shown in the Benefit Schedule. Accident Medical Expense benefits are not payable for charges applied to the Deductible.

Durable Medical Equipment - as used in this Rider, refers to equipment of a type that is designed primarily for use, and used primarily, by people who are injured (for example, a wheelchair or a hospital bed). It does not include items commonly used by people who are not injured, even if the items can be used in the treatment of injury or can be used for rehabilitation or improvement of health (for example, a stationary bicycle or a spa).

Hospital - as used in this Rider, means a facility that: (1) is operated according to law for the care and treatment of injured people; (2) has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis; (3) has 24 hour nursing service by registered nurses (R.N.'s); and (4) is supervised by one or more Physicians. A Hospital does not include: (1) a nursing, convalescent or geriatric unit of a hospital when a patient is confined mainly to receive nursing care; (2) a facility that is, other than incidentally, a rest home, nursing home, convalescent home or home for the aged; nor does it include any ward, room, wing, or other section of the hospital that is used for such purposes; or (3) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces.

Medically Necessary - as used in this Rider, means that a Covered Accident Medical Service is: (1) is essential for diagnosis, treatment or care of the Injury for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) is ordered by a Physician and performed under his or her care, supervision or order.

Usual and Customary Charge(s) - as used in this Rider, means a charge that: (1) is made for a Covered Accident Medical Service; (2) does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit, does not exceed the Hospital's most common charge for semi-private room and board); and (3) does not include charges that would not have been made if no insurance existed.

Exclusions. In addition to the Exclusions in the Exclusions section of the Policy, Accident Medical Expense benefits are not payable for, and Usual and Customary Charges for Covered Accident Medical Services do not include, any expense for or resulting from any of the following:

1. repair or replacement of existing artificial limbs, artificial eyes or other prosthetic appliances or rental of existing Durable Medical Equipment unless for the purpose of modifying the item because Injury has caused further impairment in the underlying bodily condition.
2. new, or repair or replacement of, dentures, bridges, dental implants, dental bands or braces or other dental appliances, crowns, caps, inlays or onlays, fillings or any other treatment of the teeth or gums, except for repair or replacement of sound natural teeth damaged or lost as a result of Injury up to the Dental Maximum shown in the Benefit Schedule.
3. new eye glasses or contact lenses or eye examinations related to the correction of vision or related to the fitting of glasses or contact lenses, unless Injury has caused impairment of sight; or repair or replacement of existing eyeglasses or contact lenses unless for the purpose of modifying the item because Injury has caused further impairment of sight.
4. new hearing aids or hearing examinations unless Injury has caused impairment of hearing; or repair or replacement of existing hearing aids unless for the purpose of modifying the item because Injury has caused further impairment of hearing.
5. rental of Durable Medical Equipment where the total rental expense exceeds the usual purchase expense for similar equipment in the locality where the expense is incurred (but if, in

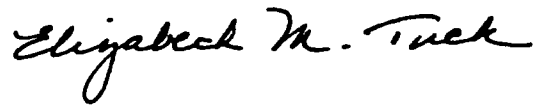
the Company's sole judgment, Accident Medical Expense benefits for rental of Durable Medical Equipment are expected to exceed the usual purchase expense for similar equipment in the locality where the expense is incurred, the Company may, but is not required to, choose to consider such purchase expense as a Usual and Customary Covered Accident Medical Expense in lieu of such rental expense).

6. personal comfort or convenience items, such as but not limited to Hospital telephone charges, television rental, or guest meals.
7. any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

The President and Secretary of AIG Life Insurance Company witness this Rider:



President



Secretary



AIG LIFE INSURANCE COMPANY
ONE ALICO PLAZA
WILMINGTON, DELAWARE 19801
(302) 594-2000
(Herein called the Company)

Policyholder: The County of Los Angeles and
all Special Districts under the governance of the
County's Board of Supervisors
Policy Number: SRG 805 6553

CATASTROPHE CASH BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Catastrophe Cash Benefit. If Injury to the Insured results, within 365 days of the date of the accident that caused the Injury, in Paralysis or Coma, the Company will pay a benefit under the conditions described in this Rider. In order for a benefit to be payable under this Rider, the Paralysis or Coma must continue for a Waiting Period of 6 consecutive months, must be determined by a Physician to be permanent and irreversible at the end of that Waiting Period and must result in Disability. The benefit payable is based on the percentage of the Initial Lump Sum and Maximum Amount(s) shown below for the causes of Disability shown below.

Cause of Disability	Percentage of Initial Lump Sum and Maximum Amount(s)
Coma	100%
Paralysis of Two or More Limbs (Upper and/or Lower)	100%
Paralysis of One Limb (Upper or Lower)	50%
Paralysis of One or More Other Parts of the Body	See NOTE below.

NOTE: If the Insured's Paralysis is a part of the body other than a Limb, the percentage of the Maximum Amount used to determine the benefit payable will be adjusted in proportion to the comparable extent of Paralysis of the listed parts of the body. The final determination of comparable extent will be made through the use of the most current edition of the "Guides to the Evaluation of Permanent Impairment" published by the American Medical Association. (In the event the referenced guide ceases to be published, the Company will select another appropriate measurement of impairment values.)

If the Insured suffers more than one cause of Disability as a result of the same accident, only one Percentage of the Maximum Amount, the largest for any one cause of Disability suffered by the Insured, will be used to determine the benefit payable.

The benefit payable is

LUMP SUM:

the percentage of the Maximum Amount shown above, payable at the end of the Waiting Period.

If the Insured returns to any occupation for which he or she is qualified by reason of education, experience or training on a full or part-time basis, he or she may return to Disability status if: (1) the Insured has not been back to work for longer than 30 days; and (2) the attending Physician certifies a return to Disability status due to the same Paralysis or Coma which caused the original Disability.

However, with respect to an Insured for whom the occupational definition of Disabled/Disability is not appropriate, If the Insured engages in any of the usual activities of a person of like age and sex in comparable health, he or she may return to Disability status if: (1) the Insured has not been engaging in such activities for longer than 30 days; and (2) the attending Physician certifies a return to Disability status due to the same Paralysis or Coma which caused the original Disability.

Periods of Disability separated by less than 30 consecutive days will be considered one period of disability unless due to separate and unrelated causes.

The Company reserves the right, at the end of the Waiting Period (and as often as it may reasonably require thereafter) to determine, on the basis of all the facts and circumstances, that the Insured is Disabled due to the Paralysis or Coma, including, but not limited to, requiring an independent medical examination at the expense of the Company.

Coma - as used in this Rider, means a profound state of unconsciousness from which the Insured cannot be aroused to consciousness, even by powerful stimulation, as determined by a Physician.

Disabled/Disability - as used in this Rider, means that the Insured is unable while under the regular care of a Physician, to perform the material and substantial duties of any occupation for which he or she is qualified by reason of education, experience or training. However, with respect to an Insured for whom an occupational definition of Disabled/Disability is not appropriate, Disabled/Disability means, as used in this Rider, that the Insured is unable, while under the regular care of a Physician, to engage in any of the usual activities of a person of like age and sex whose health is comparable to that of the Insured immediately prior to the accident.

Limb - as used in this Rider, means entire arm or entire leg.

Paralysis - as used in this Rider, means the complete loss of function in a part of the body as a result of neurological damage, as determined by a Physician.

The President and Secretary of AIG Life Insurance Company witness this Rider:



President



Secretary



AIG LIFE INSURANCE COMPANY
ONE ALICO PLAZA
WILMINGTON, DELAWARE 19801
(302) 594-2000
(Herein called the Company)

Policyholder: County of Los Angeles and all
Special Districts under the governance of the
County's Board of Supervisors.
Policy Number: SRG 805 6553

EMERGENCY EVACUATION WITH FAMILY TRAVEL BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents and Emergency Sickneses that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Emergency Evacuation Benefit. The Company will pay, subject to the limitations set out herein, for Covered Emergency Evacuation Expenses reasonably incurred if the Insured suffers an Injury or Emergency Sickness that warrants his or her Emergency Evacuation while he or she is outside a 100 mile radius from his or her current place of primary residence.

The Physician ordering the Emergency Evacuation must certify that the severity of the Insured's Injury or Emergency Sickness warrants his or her Emergency Evacuation. All Transportation arrangements made for the Emergency Evacuation must be by the most direct and economical conveyance and route possible.

AIG Assist must make all arrangements and must authorize all expenses in advance for any Emergency Evacuation benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact AIG Assist in advance.

Family Travel Benefit. Following an Emergency Evacuation for which an Emergency Evacuation benefit is payable under the Policy, the Company will pay, subject to the limitations set out herein, for expenses reasonably incurred:

1. to return to their current place of primary residence, with an attendant if necessary, any of the Insured's Children who were accompanying the Insured when the Injury or Emergency Sickness occurred; but not to exceed the cost of a single one-way economy airfare ticket less the value of applied credit from any unused return travel tickets per person.
2. to bring one person chosen by the Insured to and from the hospital or other medical facility where the Insured is confined if the Insured is alone and if the place of confinement is outside a 100 mile radius from the Insured's place of primary residence; but not to exceed the cost of one round-trip economy airfare ticket.

AIG Assist must make all arrangements and must authorize all expenses in advance for any Family Travel benefits to be payable. The Company reserves the right to determine the benefits payable, including reductions, if it is not reasonably possible to contact AIG Assist in advance.

Exclusion 2 in the Exclusions section of the Policy does not apply with respect to this Rider.

Children - as used in this Rider, means unmarried children of the Insured, including natural children from the moment of birth, and step, foster or adopted children from the moment of placement in the Insured's home, under age 19 and primarily dependent on the Insured for support and maintenance. However, the age limit does not apply to a child who: (1) otherwise meets the definition of Children; and (2) is incapable of self-sustaining employment by reason of mental or physical incapacity.

Covered Emergency Evacuation Expense(s) - as used in this Rider, means an expense that: (1) is charged for a Medically Necessary Emergency Evacuation Service; (2) does not exceed the usual level of charges for similar Transportation, treatment, services or supplies in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Emergency Evacuation - as used in this Rider, means, if warranted by the severity of the Insured's Injury or Emergency Sickness: (1) the Insured's immediate Transportation from the place where he or she suffers an Injury or Emergency Sickness to the nearest hospital or other medical facility where appropriate medical treatment can be obtained; (2) the Insured's Transportation to his or her current place of primary residence to obtain further medical treatment in a Hospital or other medical facility or to recover after suffering an Injury or Emergency Sickness and being treated at a local hospital or other medical facility; or (3) both (1) and (2) above. An Emergency Evacuation also includes medical treatment, medical services and medical supplies necessarily received in connection with such Transportation.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is present a severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the Insured suffering the symptom and while the Insured is participating in a Covered Activity.

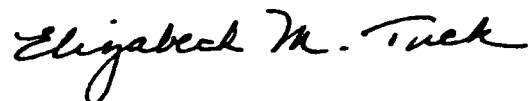
Medically Necessary Emergency Evacuation Service - as used in this Rider means any Transportation, medical treatment, medical service or medical supply that: (1) is an essential part of an Emergency Evacuation due to the Injury or Emergency Sickness for which it is prescribed or performed; (2) meets generally accepted standards of medical practice; and (3) either is ordered by a Physician and performed under his or her care or supervision or order, or is required by the standard regulations of the conveyance transporting the Insured.

Transportation - as used in this Rider means moving the Insured during an Emergency Evacuation by a land, water or air conveyance. Conveyances include, but are not limited to, air ambulances, land ambulances and private motor vehicles.

The President and Secretary of AIG Life Insurance Company witness this Rider:



President



Secretary



Policyholder: The County of Los Angeles and
all Special Districts under the governance of the
County's Board of Supervisors
Policy Number: SRG 805 6553

AIG LIFE INSURANCE COMPANY
ONE ALICO PLAZA
WILMINGTON, DELAWARE 19801
(302) 594-2000
(Herein called the Company)

REPATRIATION OF REMAINS BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application.. It applies only with respect to loss of life that occurs on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Repatriation of Remains Benefit. If an Insured suffers loss of life due to Injury or Emergency Sickness while outside a 100 mile radius from his or her current place of primary residence, the Company will pay, subject to the limitations set out herein, for covered expenses reasonably incurred to return his or her body to his or her current place of primary residence up to a maximum of \$10,000.

Covered expenses include, but are not limited to, expenses for: (1) embalming or cremation; (2) the most economical coffins or receptacles adequate for transportation of the remains; and (3) transportation of the remains by the most direct and economical conveyance and route possible.

AIG Assist must make all arrangements and must authorize all expenses in advance for this benefit to be payable. The Company reserves the right to determine the benefit payable, including any reductions, if it was not reasonably possible to contact AIG Assist in advance.

Emergency Sickness - as used in this Rider, means an illness or disease, diagnosed by a Physician, which meets all of the following criteria: (1) there is a present severe or acute symptom requiring immediate care and the failure to obtain such care could reasonably result in serious deterioration of the Insured's condition or place his or her life in jeopardy; (2) the severe or acute symptom occurs suddenly and unexpectedly; and (3) the severe or acute symptom occurs while the Policy is in force as to the Insured suffering the symptom and while the Insured is participating in a Covered Activity.

Exclusion 2 in the Exclusions section of the Policy does not apply with respect to this Rider. In addition to the Exclusions in the Exclusions section of the Policy, Repatriation of Remains benefits are not payable if loss of life is caused in whole or in part by, or results in whole or in part from, any condition for which the Insured is entitled to benefits under any Workers' Compensation Act or similar law.

The President and Secretary of AIG Life Insurance Company witness this Rider:

President

Secretary



Policyholder: The County of Los Angeles and
all Special Districts under the governance of the
County's Board of Supervisors
Policy Number: SRG 805 6553

AIG LIFE INSURANCE COMPANY
ONE ALICO PLAZA
WILMINGTON, DELAWARE 19801
(302) 594-2000
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SEAT BELT BENEFIT RIDER

This Rider is attached to and made part of the Policy as of the Policy Effective Date shown in the Policy's Master Application. It applies only with respect to accidents that occur on or after that date. It is subject to all of the provisions, limitations and exclusions of the Policy except as they are specifically modified by this Rider.

Seat Belt Benefit. The Company will pay 100% of the appropriate Maximum Amount under this Rider when the Insured suffers accidental death such that an Accidental Death benefit is payable under the Policy and the accident causing death occurs while the Insured is operating, or riding as a passenger in, an Automobile and wearing a properly fastened, original, factory-installed seat belt.

Verification of the actual use of the seat belt, at the time of the accident, must be a part of an official report of the accident or be certified, in writing, by the investigating officer(s).

Automobile - as used in this Rider, means a self-propelled private passenger motor vehicle with four or more wheels which is of a type both designed and required to be licensed for use on the highways of any state or country. Automobile includes, but is not limited to, a sedan, station wagon, or jeep-type vehicle and, if not used primarily for occupational, professional or business purposes, a motor vehicle of the pickup, panel, van, camper or motor home type. Automobile does not include a mobile home or any motor vehicle which is used in mass or public transit.

The President and Secretary of AIG Life Insurance Company witness this Rider:

President

Secretary

AIG ASSIST AGREEMENT

In consideration of the payment of the Subscription Fee as set forth in the Schedule of Services in this Service Agreement, American International Assistance Service, Inc. (herein called the Company), agrees to provide the organization named in the Schedule of Services (herein called the Participating Organization) certain services and travel assistance (herein called Services) for those individuals (herein called Eligible Persons) designated in the Schedule of Services, a copy of which is attached to this Agreement and made a part of it, during the term of this Agreement, to the extent provided herein.

I. EFFECTIVE DATE OF AND TERM OF SERVICE AGREEMENT

This Service Agreement is effective at 12:01 A.M. Standard Time at the Participating Organization's address as of the date stated as the Effective Date in the Schedule of Services, and shall continue in force until the termination date stated in the Schedule of Services. This Service Agreement may be terminated by either the Participating Organization or the Company but only in accordance with the provision entitled "Termination of Service Agreement."

II. DEFINITIONS

Eligible Person (s) - An eligible person (s) means a person who is covered under the Class of Eligible Persons shown on the Schedule of Services and for whom the appropriate subscription fee has been paid.

Injury - Injury means bodily injury caused by an accident that requires emergency treatment and that occurs while this Service Agreement is in force as to the eligible person.

Sickness - Sickness means an illness or disease of the eligible person which is diagnosed or treated after the effective date of the Service Agreement and while the eligible person is covered under this Service Agreement.

Hospital - Hospital means a place that: (a) holds a valid license (if required by law); (b) operates primarily for the care and treatment of sick or injured persons as in-patients; (c) has a staff of one or more physicians available at all times; (d) provides 24 hour nursing service and has at least one registered professional nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a prearranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home or convalescent home for the aged or similar institution.

Physician - Physician means any licensed practitioner of the healing arts acting within the scope of his/her license who performs medical services required and provided for by this Service Agreement.

Immediate Family - The eligible person's spouse, children, brothers, sisters, mother, mother-in-law, father, father-in-law, adopted children, grandmother, grandfather, grandchildren, who reside in the United States or Canada.

Dependent Child or Children - The eligible person's unmarried dependent children under age 19 and primarily dependent on the eligible person for

support and maintenance. Dependent children include step, foster or adopted children from the moment of placement in the eligible person's home.

Country of Domicile - The country where an eligible person (s) has his/her true, fixed and permanent home and principal establishment, and to which whenever he/she is absent he/she has the intention of returning.

III. CONDITIONS OF AVAILABILITY OF SERVICES

The Company will provide the Services under the conditions described in the Schedule of Services. Services shall be provided during travel to and from including within, the countries listed in the Schedule of Services, provided such travel is 100 miles or more away from the Eligible Person's permanent place of assignment or residence.

IV. SERVICES PROVIDED

MEDICAL ASSISTANCE

As soon as the Company is notified of a medical emergency resulting from an accident or sickness of an eligible person(s), the Company's medical panel will contact the medical facility or location where the eligible person(s) is located and confer with the physician at that location to determine the best course of action to be taken. If possible and if appropriate the eligible person's family physician will be contacted to help arrive at a decision as to the best course of action to be taken. The Company will then organize a response to the medical emergency, doing whatever is appropriate, including but not limited to recommending or securing the availability of services of a local physician, and arranging hospital confinement of the eligible person where, in its discretion the Company deems such confinement appropriate.

MEDICAL EVACUATION

When in the opinion of the Company's medical panel it is judged medically appropriate to move the eligible person to another location for treatment or return the eligible person to his/her residence or country of domicile, the Company will arrange the evacuation utilizing the means best suited to do so based on the medical evaluation of the seriousness of the eligible person's condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Company's medical panel and will be based solely upon medical factors.

REPATRIATION

The Company agrees to make the necessary arrangements for the return of the remains of an eligible person to the country of domicile in the event the eligible person dies while this Service Agreement is in effect as to the eligible person.

LEGAL ASSISTANCE

If an eligible person is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him/her, the Company will, if requested, provide the eligible person with the name of an attorney who can represent him/her in any necessary legal matters.

FINANCIAL AND GENERAL ASSISTANCE

The Company will provide assistance in replacing lost traveler's checks; processing claims for lost or stolen property or for trip delays, interruptions or cancellation, handling language problems and arranging travel for emergencies back home.

EMERGENCY FAMILY TRAVEL ARRANGEMENTS

The Company will coordinate emergency travel arrangements for the eligible person's family members who need to join the eligible person when hospitalized.

RETURN OF COMPANION

When the eligible person is hospitalized or medically evacuated and a traveling companion's air ticket is no longer valid, the Company will arrange and pay one way economy air transportation for the companion to return to their original departure point.

RETURN OF MINOR CHILDREN

If a dependent child is left unattended, as the result of the eligible person's accident or illness, the Company will arrange and pay for one way economy air fare for them to be returned to their place of residence, a designated family member or friend. Qualified attendants will also accompany them when required.

RETURN OF VEHICLE

In the event of the eligible person's hospitalization or medical evacuation, the Company will arrange to have your unattended vehicle returned to the rental agency or the eligible person's current principal residence.

TRANSPORTATION OF COMPANION

If an eligible person is traveling alone and is hospitalized for more than seven (7) days, economy round trip air fare to the place of hospitalization will be arranged and paid for a person chosen by the eligible person; or,

FAMILY REUNION

If it becomes necessary to evacuate the eligible person and the attending physician deems it beneficial for a family member to be by the side of the eligible person, economy round trip air fare to the place of hospitalization will be arranged and paid for.

V. LIMITATION

The Company reserves the right to suspend, curtail or limit its activities in connection with this Agreement in the event of war, riot, insurrection, opposition by legal and administrative authorities of a country where the incident takes place, or acts of God. The Company will, however, endeavor to provide services to the best of its ability during any such occurrence. No services shall be provided within a radius of 100 miles of an eligible person's permanent place of assignment or residence.

VI. DISCLAIMER OF LIABILITY

In all cases, the medical profession or any attorney suggested by the company shall act in a medical or legal capacity on behalf of the eligible person only. The Company assumes no responsibility for any medical advice or legal counsel given by the medical profession or attorney. The eligible person shall not have any recourse to Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

VII. SUBSCRIPTION FEE SCHEDULE

Fees shall be due and payable on or before the Effective Date.

The subscription fee is based upon the information provided the Company, and is shown in the Schedule of Services.

The Company reserves the right to change the Subscription Fees, but no such change shall affect payment of any fee until the termination date after written notice of change is mailed or delivered to the Participating Organization.

In no case, however, may less than sixty (60) days notice be given.

VIII. PROVISIONS

ENTIRE CONTRACT: CHANGES

This Agreement (including the Schedule of Services, the written contract riders, which must be approved by both parties, the endorsements and attached papers) constitutes the entire contracts between the parties. No change in this Agreement shall be valid unless approved by an executive officer of the Company.

TERMINATION OF SERVICE AGREEMENT

This Agreement may be terminated by the Participating Organization or the company on the termination date or at any time thereafter by the terminating party mailing or delivering to the other thirty (30) days written notice of termination. The Company may terminate if subscription fees are not paid when due. In any event, Services for incidents occurring prior to termination will be completed.

EXAMINATION AND AUDIT

The Company shall be permitted to examine the Participating Organization's and be given reasonable access with prior written notice records relating to this Agreement at any time during Service Agreement .

SUBROGATION

The Company shall be subrogated, up to the value of the Services it has provided, to the rights and causes of action of the eligible person against any party responsible for acts giving rise to injury or illness for which the Company renders assistance.

SCHEDULE SERVICES

AIG SERVICE AGREEMENT NUMBER 805 6553

I. Participating Organization:

The County of Los Angeles and all Special Districts under the governance of the County's Board of Supervisors

II. Eligible Person (s):

POLICY FORM C11696CA, DECLARATIONS, #2, DESCRIPTION OF CLASS

III. Conditions of Availability of Services:

24 Hour Protection

IV. Countries in which Services are to be provided:

WORLDWIDE

V. Maximum Amount the Company will provide for an Emergency Evacuation of an eligible person:
\$100,000.

Maximum Amount the Company will provide for Repatriation of an eligible person: U.S.
\$10,000

VI. Fee Schedule: In accordance with Policy # SRG 805 6553 issued to the Participating Organization.

VII. Effective Date: July 01, 1999

VIII. Termination Date: Continuous till cancelled

Authorized Policyholder Signature

AIG ASSIST AGREEMENT

In consideration of the payment of the Subscription Fee as set forth in the Schedule of Services in this Service Agreement, American International Assistance Service, Inc. (herein called the Company), agrees to provide the organization named in the Schedule of Services (herein called the Participating Organization) certain services and travel assistance (herein called Services) for those individuals (herein called Eligible Persons) designated in the Schedule of Services, a copy of which is attached to this Agreement and made a part of it, during the term of this Agreement, to the extent provided herein.

I. EFFECTIVE DATE OF AND TERM OF SERVICE AGREEMENT

This Service Agreement is effective at 12:01 A.M. Standard Time at the Participating Organization's address as of the date stated as the Effective Date in the Schedule of Services, and shall continue in force until the termination date stated in the Schedule of Services. This Service Agreement may be terminated by either the Participating Organization or the Company but only in accordance with the provision entitled "Termination of Service Agreement."

II. DEFINITIONS

Eligible Person (s) - An eligible person (s) means a person who is covered under the Class of Eligible Persons shown on the Schedule of Services and for whom the appropriate subscription fee has been paid.

Injury - Injury means bodily injury caused by an accident that requires emergency treatment and that occurs while this Service Agreement is in force as to the eligible person.

Sickness - Sickness means an illness or disease of the eligible person which is diagnosed or treated after the effective date of the Service Agreement and while the eligible person is covered under this Service Agreement.

Hospital - Hospital means a place that: (a) holds a valid license (if required by law); (b) operates primarily for the care and treatment of sick or injured persons as in-patients; (c) has a staff of one or more physicians available at all times; (d) provides 24 hour nursing service and has at least one registered professional nurse on duty at all times; (e) has organized diagnostic and surgical facilities, either on premises or in facilities available to the hospital on a prearranged basis; and (f) is not, except incidentally, a clinic, nursing home, rest home or convalescent home for the aged or similar institution.

Physician - Physician means any licensed practitioner of the healing arts acting within the scope of his/her license who performs medical services required and provided for by this Service Agreement.

Immediate Family - The eligible person's spouse, children, brothers, sisters, mother, mother-in-law, father, father-in-law, adopted children, grandmother, grandfather, grandchildren, who reside in the United States or Canada.

Dependent Child or Children - The eligible person's unmarried dependent children under age 19 and primarily dependent on the eligible person for

support and maintenance. Dependent children include step, foster or adopted children from the moment of placement in the eligible person's home.

Country of Domicile - The country where an eligible person (s) has his/her true, fixed and permanent home and principal establishment, and to which whenever he/she is absent he/she has the intention of returning.

III. CONDITIONS OF AVAILABILITY OF SERVICES

The Company will provide the Services under the conditions described in the Schedule of Services. Services shall be provided during travel to and from including within, the countries listed in the Schedule of Services, provided such travel is 100 miles or more away from the Eligible Person's permanent place of assignment or residence.

IV. SERVICES PROVIDED

MEDICAL ASSISTANCE

As soon as the Company is notified of a medical emergency resulting from an accident or sickness of an eligible person(s), the Company's medical panel will contact the medical facility or location where the eligible person(s) is located and confer with the physician at that location to determine the best course of action to be taken. If possible and if appropriate the eligible person's family physician will be contacted to help arrive at a decision as to the best course of action to be taken. The Company will then organize a response to the medical emergency, doing whatever is appropriate, including but not limited to recommending or securing the availability of services of a local physician, and arranging hospital confinement of the eligible person where, in its discretion the Company deems such confinement appropriate.

MEDICAL EVACUATION

When in the opinion of the Company's medical panel it is judged medically appropriate to move the eligible person to another location for treatment or return the eligible person to his/her residence or country of domicile, the Company will arrange the evacuation utilizing the means best suited to do so based on the medical evaluation of the seriousness of the eligible person's condition, and these means may include air ambulance, surface ambulance, regular airplane, railroad or other appropriate means. All decisions as to the means of transportation and final destination will be made by the Company's medical panel and will be based solely upon medical factors.

REPATRIATION

The Company agrees to make the necessary arrangements for the return of the remains of an eligible person to the country of domicile in the event the eligible person dies while this Service Agreement is in effect as to the eligible person.

LEGAL ASSISTANCE

If an eligible person is arrested or is in danger of being arrested as the result of any non-criminal action resulting from responsibilities attributed to him/her, the Company will, if requested, provide the eligible person with the name of an attorney who can represent him/her in any necessary legal matters.

FINANCIAL AND GENERAL ASSISTANCE

The Company will provide assistance in replacing lost traveler's checks; processing claims for lost or stolen property or for trip delays, interruptions or cancellation, handling language problems and arranging travel for emergencies back home.

EMERGENCY FAMILY TRAVEL ARRANGEMENTS

The Company will coordinate emergency travel arrangements for the eligible person's family members who need to join the eligible person when hospitalized.

RETURN OF COMPANION

When the eligible person is hospitalized or medically evacuated and a traveling companion's air ticket is no longer valid, the Company will arrange and pay one way economy air transportation for the companion to return to their original departure point.

RETURN OF MINOR CHILDREN

If a dependent child is left unattended, as the result of the eligible person's accident or illness, the Company will arrange and pay for one way economy air fare for them to be returned to their place of residence, a designated family member or friend. Qualified attendants will also accompany them when required.

RETURN OF VEHICLE

In the event of the eligible person's hospitalization or medical evacuation, the Company will arrange to have your unattended vehicle returned to the rental agency or the eligible person's current principal residence.

TRANSPORTATION OF COMPANION

If an eligible person is traveling alone and is hospitalized for more than seven (7) days, economy round trip air fare to the place of hospitalization will be arranged and paid for a person chosen by the eligible person; or,

FAMILY REUNION

If it becomes necessary to evacuate the eligible person and the attending physician deems it beneficial for a family member to be by the side of the eligible person, economy round trip air fare to the place of hospitalization will be arranged and paid for.

V. LIMITATION

The Company reserves the right to suspend, curtail or limit its activities in connection with this Agreement in the event of war, riot, insurrection, opposition by legal and administrative authorities of a country where the incident takes place, or acts of God. The Company will, however, endeavor to provide services to the best of its ability during any such occurrence. No services shall be provided within a radius of 100 miles of an eligible person's permanent place of assignment or residence.

VI. DISCLAIMER OF LIABILITY

In all cases, the medical profession or any attorney suggested by the company shall act in a medical or legal capacity on behalf of the eligible person only. The Company assumes no responsibility for any medical advice or legal counsel given by the medical profession or attorney. The eligible person shall not have any recourse to Company by reason of its suggestion of a medical professional or attorney or due to any legal or other determination resulting therefrom.

VII. SUBSCRIPTION FEE SCHEDULE

Fees shall be due and payable on or before the Effective Date.

The subscription fee is based upon the information provided the Company, and is shown in the Schedule of Services.

The Company reserves the right to change the Subscription Fees, but no such change shall affect payment of any fee until the termination date after written notice of change is mailed or delivered to the Participating Organization.

In no case, however, may less than sixty (60) days notice be given.

VIII. PROVISIONS

ENTIRE CONTRACT: CHANGES

This Agreement (including the Schedule of Services, the written contract riders, which must be approved by both parties, the endorsements and attached papers) constitutes the entire contracts between the parties. No change in this Agreement shall be valid unless approved by an executive officer of the Company.

TERMINATION OF SERVICE AGREEMENT

This Agreement may be terminated by the Participating Organization or the company on the termination date or at any time thereafter by the terminating party mailing or delivering to the other thirty (30) days written notice of termination. The Company may terminate if subscription fees are not paid when due. In any event, Services for incidents occurring prior to termination will be completed.

EXAMINATION AND AUDIT

The Company shall be permitted to examine the Participating Organization's and be given reasonable access with prior written notice records relating to this Agreement at any time during Service Agreement .

SUBROGATION

The Company shall be subrogated, up to the value of the Services it has provided, to the rights and causes of action of the eligible person against any party responsible for acts giving rise to injury or illness for which the Company renders assistance.

SCHEDULE SERVICES
AIG SERVICE AGREEMENT NUMBER 805 6553

I. Participating Organization:

The County of Los Angeles and all Special Districts under the governance of the County's Board of Supervisors

II. Eligible Person (s):

POLICY FORM C11696CA, DECLARATIONS, #2, DESCRIPTION OF CLASS

III. Conditions of Availability of Services:

24 Hour Protection

IV. Countries in which Services are to be provided:

WORLDWIDE

V. Maximum Amount the Company will provide for an Emergency Evacuation of an eligible person:
\$100,000.

Maximum Amount the Company will provide for Repatriation of an eligible person: U.S.
\$10,000

VI. Fee Schedule: In accordance with Policy # SRG 805 6553 issued to the Participating Organization.

VII. Effective Date: July 01, 1999

VIII. Termination Date: Continuous till cancelled

Authorized Policyholder Signature